PCT

FEE CALCULATION SHEET
Annex to the Request

	For receiving Office use only
	International Application No.

Applicant's or agent's file reference	702979 PCT		Date stamp of the receiving Office

Applicant
Decoma International Inc.

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE .... | 300.00 [T]

2. SEARCH FEE .... | 1,600.00 [S]
   International search to be carried out by _____
   (If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FILING FEE

   Where item (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets } ___16___
   Where item (b) and (c) of Box No. IX do not apply, enter Total number of sheets }

   [i1] first 30 sheets . . . . | 1,489.00 [i1]

   [i2] ___0___ x _____ = | 0.00 [i2]
   number of sheets in   fee per sheet
   excess of 30

   [i3] additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

   400 x _____ = | [i3]
              fee per sheet

   Add amounts entered at i1, i2 and i3 and enter total at I . . . . | 1,489.00 [I]

   (Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled,

4. FEE FOR PRIORITY DOCUMENT *(if applicable)* . . . . | [P]

5. TOTAL FEES PAYABLE . . . . | 3,389.00
   Add amounts entered at T, S, I and P, and enter total in the TOTAL box | **TOTAL**

MODE OF PAYMENT

☐ authorization to charge deposit account (see below)   ☐ postal money order   ☐ cash   ☐ coupons

☐ cheque   ☐ bank draft   ☐ revenue stamps   ☐ other *(specify):*

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT
(This mode of payment may not be available at all receiving Offices)

Receiving Office: _____

Deposit Account No.: _____

☐ Authorization to charge the total fees indicated above.

☐ *(This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit)* Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.

☐ Authorization to charge the fee for priority document.

Date: _____

Name: _____

Signature: _____